

VETERAN STATUS/VETERAN'S EMPLOYMENT PREFERENCE FORM

A **veteran** is defined as an individual who served in the army, navy, air force, marine corps, or coast guard of the United States or in an auxiliary service of one of those branches.

Are you a veteran?

G Yes G No

You may be entitled to veteran's employment preference as established in the **Veteran's Employment Preference Act** (Senate Bill 646/ Chapter 657, Government Code) if:

- As a **veteran** you were honorably discharged and
you served in the armed forces for 90 consecutive days during a national emergency (from 1933 to present), or
you served less than 90 consecutive days and were discharged due to a service-connected disability;
- You are an individual classified as a **surviving spouse** of a veteran and who has not remarried; or
- You are an **orphan** of a veteran.

G I do not qualify for Veteran's Employment Preference. (Please sign below.)

If you qualify for Veteran's Employment Preference complete the applicable information requested below.

VETERAN:

Date of enlistment: _____ / _____ / _____ Date of discharge: _____ / _____ / _____ (It is only necessary to provide information for one qualifying period.)	FOR OFFICE USE ONLY G V
Indicated the branches in which you served: G U.S. Army G U.S. Air Force G U.S. Coast Guard G U.S. Navy G U.S. Marines G Auxiliary Services* *If you served in the auxiliary services, provide name: _____ Were you honorably discharged? G Yes G No	
Optional: If you have served less than 90 consecutive days, are you a veteran who was discharged with a service-connected disability? G Yes G No	

ORPHAN:

Was one of your parents a veteran who was killed while on active duty? G Yes** G No If so, have you been subsequently adopted? G Yes G No	G O
Veteran's name: Veteran's SSN:	

** Submit a copy of your birth certificate and DD 1300 or death certificate of veteran.

SURVIVING SPOUSE

Are you a spouse of a veteran who was killed while on active duty and who has not remarried? GYes*** GNo	G W
Veteran's name: Veteran's SSN:	

***Submit a copy of marriage certificate and DD 1300 or death certificate of veteran.

Name: (Please Print)	Social Security Number:
Signature:	Date:

Individuals who are applying for employment preference under this act must submit a copy of the service discharge form (DD 214) or other separation documentation and, if applicable, DD 1300, death, birth and/or marriage certificates.

Any complaints under the provisions of the Veterans Preference Act should be directed to the Human Resources Division.